

410 IAC 1-2.5-122 Pertussis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 122. The specific control measures for pertussis (infectious agent: *Bordetella pertussis*) are as follows:

(1) An investigation by a department field representative, in cooperation with the local health officer, shall be performed within twenty-four (24) hours for the purpose of case ascertainment and identification of close contacts. Close contacts are defined as household and daycare or preschool contacts and persons who have had direct contact with respiratory secretions of the case, including, but not limited to, the following:

- (A) Explosive cough or sneeze in the face.
- (B) Sharing food or utensils.
- (C) Kissing.
- (D) Mouth to mouth resuscitation.
- (E) Performing a full medical exam, including examination of the nose and throat.

A search for unrecognized or unreported, early, and atypical cases is indicated where a nonimmune infant or child is, or might be, at risk.

(2) Droplet precautions shall be utilized for hospitalized patients for five (5) days after the start of effective treatment (see Table 1 of this section).

Table 1				
	Agents for Treatment and Postexposure Prophylaxis of Pertussis			Alternate agent*
Age group	Azithromycin	Erythromycin	Clarithromycin	TMP-SMZ
<1 month	10 mg/kg per day as a single dose for 5 days ¹	40 mg/kg per day in 4 divided doses for 14 days	Not recommended	Contraindicated at <2 months
1-5 months	See above	See above	15 mg/kg per day in 2 divided doses for 7 days	≥2 months of age: TMP, 8 mg/kg per day; SMX, 40 mg/kg per day in 2 doses for 14 days
≥6 months and children	10 mg/kg as a single dose on day 1 (maximum 500 mg), then 5 mg/kg per day as a single dose on days 2-5 (maximum 250 mg)	See above (maximum 2 g/day)	See above (maximum 1 g/day)	See above
Adolescents and adults	500 mg in a single dose on day 1, then 250 as a single dose on days 2-5	2 g per day in 4 divided doses for 14 days	1 g per day in 2 divided doses for 7 days	TMP, 320 mg per day; SMX, 1,600 mg/day in 2 divided doses for 14 days
*TMP indicates trimethoprim; SMX, sulfamethoxazole. This drug can be an alternate in patients ≥2 months who are allergic to macrolides, who cannot tolerate macrolides, or who are infected with a rare macrolide resistant strain to <i>Bordetella pertussis</i> .				
¹ Preferred macrolide for this age because of risk of idiopathic hypertrophic pyloric stenosis associated with erythromycin.				

Infected persons shall be excluded from:

- (A) schools, preschools, daycare facilities, and postsecondary facilities;
- (B) public gatherings; and
- (C) contact with susceptible persons outside the household;

until they have received at least five (5) days of effective treatment (see Table 1 of this section). Infected persons shall not have contact with unimmunized infants. Infected persons not receiving the prophylaxis as established in this subdivision shall be excluded from schools, preschools, daycare facilities, postsecondary facilities, and public gatherings for twenty-one (21) days.

(3) Concurrent disinfection is not required.

(4) Quarantine is not applicable.

(5) Close contacts less than seven (7) years of age who have not received:

- (A) four (4) diphtheria, tetanus, or pertussis (DTP or DTaP) doses; or
- (B) DTaP dose within three (3) years;

should be given a DTaP dose as soon after exposure as possible. Prophylaxis (see Table 1 of this section) for all household and other close contacts regardless of age and vaccination status should be given. Immunization after discovery of a case or an outbreak does not provide protection to newly immunized persons during that outbreak. Therefore, contacts must be protected immediately by other measures.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical

and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-122; effective Dec 25, 2015)